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*Services*

**NONAPPROPRIATED FUND GROUP  
HEALTH PLANS**

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This instruction gives the requirements and procedures for managing and administering the Air Force Nonappropriated Fund (AFNAF) Employee Group Health Plan (AFNAF Health Plan). It directs collecting and maintaining information subject to the Privacy Act of 1974 authorized by 10 U.S.C. 8013. System of records notice F176 AF MP B, Nonappropriated Fund (AFNAF) Employee Insurance and Benefits System File, applies. This does not apply to the Air National Guard.

***SUMMARY OF CHANGES***

This revision aligns the instruction with AFPD 34-3 and adds references to the Group Health Plan Summary Plan Description and the Employee Benefits Administration Manual which outline the policies and procedures applicable to coverage under the AFNAF Health Plan. In addition, it provides guidance for negotiating a contract with a federally qualified health maintenance organization as an alternate health care arrangement.

***Section A—Plan Definition and Purpose***

**1. Definition.** The comprehensive, self-insured AFNAF Health Plan provides a wide range of health benefits without the purchase of commercial insurance. The administrative expenses of the plan and claim payments are paid from employee and employer contributions deposited in the Air Force Insurance Fund (AFIF).

**2. Purpose.** The AFNAF Health Plan provides an efficient way for Air Force Nonappropriated Fund Instrumentalities (NAFI) to assist their employees maintain a measure of security for themselves and their family members in the event of illness or injury.

***Section B—Management and Administration***

**3. Levels of Management and Administration.**

- HQ AFSVA/SVXB provides general oversight, management, and day-to-day administration of the plan and the continuing coverage program, and publishes instructional material.
- Human Resources Offices (HROs) perform base-level administration as instructed in the *Employee Benefits Administration Manual* (Aetna Manual), AFI 34-301, *NAF Personnel Management and Administration*, and this AFI.
- Payroll Offices process the collection and forwarding of employee and employer contributions associated with plan participation as instructed in AFM 176-378, *Standard Accounting Procedures for Nonappropriated Funds (Mechanized)* and this AFI.

**4. Obtaining Information.** If you have problems or questions, do the following:

- Forward technical questions, requests for additional information, and comments pertaining to the management and administration of the plan to HQ AFSVA/SVXB, ATTN: Group Insurance, 10100 Reunion Place, Suite 502, San Antonio TX 78216-4138.
- Direct inquiries related to the status or payment of claims, certification procedures, and covered medical expenses to the claims administrator at the toll-free number listed in the Aetna Manual.

**Section C—Human Resources Office Responsibilities**

**5. Determine Eligibility.** Determine if an employee is eligible to participate. The employee must be:

- Hired as a regular NAF employee.
- Paid on the United States dollar payroll.
- Enrolled in the AFNAF Employee Life and Accidental Death and Dismemberment Plan.

5.1. If the employee enrolls in the plan, the employee may elect to enroll family members who are eligible. An eligible family member is one of the following: The employee's spouse, an unmarried child under 19 years of age, or an unmarried child under 23 years of age who attends school full-time and depends solely on the employee for support. (Refer to the Summary Plan Description, Section 32, Glossary of Terms, for the definition of "child.")

**6. Counsel Employees.** Counsel eligible employees about the plan provisions described in the Summary Plan Description (SPD) and answer related questions so they can make an informed decision about whether to enroll themselves and their eligible family members.

6.1. Also counsel enrolled employees on these specific items:

- Effective date of coverage and payroll deductions.
- Flexible Benefits Plan eligibility and provisions.
- Certification provisions explained in the SPD.
- Contribution rates.
- Revisions to plan provisions.
- Continuing coverage programs available to employees losing coverage because of separation, retirement, base closure, business based action, or reclassification to an ineligible employment category. Refer to the Summary Plan Description for eligibility requirements and the Aetna Manual for enrollment instructions.

- Conversion privilege available to employees and covered family members losing coverage.

6.2. Coverage for Eligible Employees Age 65 and Older. At least 30 days before an enrolled employee reaches age 65, contact the employee who must elect to either continue or cancel coverage under the plan. Instruct the employee to make the election, in writing, on the Report on Individual Personnel (RIP), NAF-05 form. Advise the employee to contact Social Security Administration concerning eligibility for Medicare, regardless of whether he or she elects to continue or discontinue enrollment in the plan.

- If the employee elects to continue in the plan, the plan is the primary payer of all claims, and Medicare is the secondary payer.
- If the employee elects to cancel coverage under the plan, the employee's health coverage is limited to Medicare only. The employee's election to cancel coverage also cancels coverage for any employee family members.

## 7. Refer to Other Information Sources.

7.1. Refer to and follow the additional instructions contained in the Aetna Manual when using the instructions in this AFI. Use the two documents together to properly administer the health plan.

7.2. Flexible Benefits Plan (FBP). Refer to AFI 34-307, *Nonappropriated Fund Flexible Benefits Plan*, and the FBP Summary Plan Description and coordinate all health plan enrollments, changes, and cancellations with the requirements of that plan when appropriate.

**8. Notify Payroll of Actions.** Use AF Form 2545, **NAFI Notification of Personnel Action**, to document employee participation in the health plan and to notify the payroll office of actions, including the group insurance plan code (see [Attachment 1](#)), date payroll deductions begin or end, coverage and other changes, transfers, leave without pay, and cancellation of coverage.

**9. Enroll Employees.** Enroll employees who elect to participate in the plan and determine their effective date of coverage. Refer to the Aetna Manual, Employee Transactions, Section 3, for guidance on completing the required forms and determining the effective date of coverage. Notify payroll of the employee's election of employee-only or employee-with-family member coverage.

9.1. If the employee requests coverage within 30 days of hire or reclassification to an eligible employment status, submit only the enrollment application.

- Inform the employee that the effective date of coverage is the 31st day after his or her date of hire or reclassification and that payroll deductions begin with the pay period during which coverage becomes effective.
- After you and the employee complete appropriate portions of the enrollment application, mail it to the claims administrator.

9.2. If employees request coverage after the 30-day period indicated above, instruct them to submit both an evidence of insurability form and an enrollment application.

9.2.1. Inform the employee that the claims administrator will provide coverage only if the evidence of insurability form is approved.

9.2.2. Complete the appropriate section on each form, make copies for your records, and give both forms to the employee. Instruct the employee to complete all questions and mail the forms to

the claims administrator at the address indicated on the evidence of insurability form. Call the claims administrator at (203) 636-4110 to determine the status of the evidence of insurability form if you do not receive a response within 6 weeks.

9.2.3. When you receive the approved evidence of insurability form, notify the employee of the effective date of coverage and the date payroll deductions begin. Coverage is effective on the first day of the month following the approval date, unless the approval date is the first day of the month, in which case coverage is effective on the approval date. Payroll deductions begin with the pay period during which coverage is effective.

9.3. Portability. Enroll former appropriated fund (APF) employees who move to NAF employment according to the special instructions stated in the Aetna Manual, Section 3, Portability, with the following exception: Enter #3 as the plan number in Item 15.

9.4. Special Instructions Related to Military Furlough. Immediately enroll NAF employees who request health coverage upon return from military furlough according to paragraph 3.5., with the following exceptions:

- Item 15. Enter #3 as the plan number.
- Item 17. Enter the same date recorded in Item 11, Employment or Return to Work Date.
- Item 24. Remark that the enrollee returned from military furlough and requires no waiting period or pre-existing condition limitation.

**10. Process Identification Cards and Change Applications.** Review identification cards and change applications received from the claims administrator to make sure the information is complete and correct.

- Make corrections on the change application, provide an explanation of the correction in the "Remarks" section, and return the form to the claims administrator if there are any errors. Mark the appropriate block on the form if new or additional identification cards are needed. Suspend a copy of the form for follow-up in 6 to 8 weeks.
- Give the identification cards to the employee.
- File the change application in the Official Personnel Folder (OPF).

**11. Document Waivers of Enrollment.** If an employee initially declines coverage, instruct the employee to complete and sign an Aetna form entitled Employee's Waiver of Group Coverage or Request for Discontinuance of Contributions Card. Sign the card as a witness and file it permanently in the employee's OPF.

**12. Cancel Coverage.** To cancel an employee's coverage, send the change application to the claims administrator and notify the payroll office. Follow instructions in the Aetna Manual, Employee Transactions, Section 3, to properly complete the change application.

12.1. Discontinuing Coverage. When an employee wishes to discontinue coverage, cancel coverage on the date the employee signs the change application and the waiver or discontinuance card referred to in paragraph 3.7.

12.2. Termination or Change to Ineligible Employment Category.

12.2.1. When an employee's employment is terminated or changed to a category ineligible for coverage, cancel coverage on the date of termination or change, unless the employee elects to par-

ticipate in the continuing coverage program. In this case, forward the change application and other required documentation to HQ AFSVA as instructed in the Aetna Manual.

12.2.2. Special Considerations for Total Disability. Refer to the Summary Plan Description, Section 22, Extended Coverage Due to Total Disability, when an employee or family member informs you that he or she is disabled at the time coverage is canceled. Instruct an individual who is potentially eligible for extended coverage to:

- Send a letter of request through your office to the Claims Payment Office, and
- Include a physician's written certification of total disability and the prognosis of the disability.
- Apply for an individual conversion policy within 31 days of cancellation of regular group coverage if he or she wants insurance coverage beyond the period of extended coverage. Refer to the Aetna Manual, Section 6, Conversion.

12.3. Leave Without Pay (LWOP). When an employee in LWOP status fails to make required contribution payments or loses LWOP eligibility, cancel coverage on the first day of the pay period following the pay period in which the employee failed to make a contribution payment or lost LWOP eligibility.

- Coverage remains in effect during LWOP only if an employee continues to pay the employee portion of the contribution. The contribution payment is made to the employing NAFI which pays the employer portion. The employee is solely responsible for the continued payment of the employee portion of the contribution.
- The maximum period an employee may remain in the plan during a period of LWOP (for reasons other than illness or injury) is limited to 12 months. Exception: A regular employee granted LWOP due to the transfer of a head of household is entitled to remain in the plan for a maximum of 150 days.

12.3.1. Special Instructions for Leave Without Pay Due to the Transfer of Head of Household. Counsel the employee prior to departure about continued participation in the plan while on LWOP and eligibility for continuing coverage programs upon termination of the LWOP or termination of coverage due to nonpayment of contributions.

12.3.1.1. If the employee does not wish to continue participation in the plan, send the change application to the claims administrator and notify payroll to cancel coverage.

12.3.1.2. If the employee wishes to continue participation in the plan, suspense a copy of the change application for 150 days.

- Notify payroll to cancel coverage when the employee reaches the 150-day limitation or when payroll provides notification that the employee failed to make the required contribution payment.
- Notify HQ AFSVA of the employee's eligibility for the continuing coverage program, if applicable.

12.3.1.3. If an employee is rehired in an eligible employment category after the expiration of the LWOP period and elects to participate in the AFNAF Health Plan, follow the enrollment procedures stated in paragraph 3.5.

12.3.1.4. If an employee is rehired in an eligible employment category before the expiration

of the LWOP, verify with the losing HRO that the employee made all required contribution payments and that coverage was not terminated. If the employee's account is current, request the insurance cards and forms on file in the OPF from the losing HRO. Upon receipt, forward the change application to the claims administrator, reflecting the employer name and account number of the gaining NAFI.

12.4. **Military Furlough.** Counsel an employee given military furlough for enlistment, induction, or recall to extended active duty that he or she is ineligible to participate in the plan during the period of military furlough. Cancel coverage according to paragraph 12.2. Inform the employee that he or she may immediately enroll in the plan upon return to AFNAF employment and no waiting period or pre-existing condition limitation is required.

12.5. **Continuing Coverage Programs.** Employees who lose coverage due to separation, base closure, business based action, retirement, or reclassification to an ineligible employment category may be eligible to continue participation in the group plan if they meet certain eligibility criteria. In some circumstances, a covered family member losing coverage is eligible to participate in one of these programs.

- Refer to the Summary Plan Description, Section 29, Temporary Continuation of Coverage, to determine eligibility.
- Notify HQ AFSVA of employees or family members who are eligible to participate according to the Aetna Manual, Employee Transactions, Section 3.

12.6. **Conversion of Group Health Insurance to an Individual Policy.** Inform an employee or covered family members losing coverage of the conversion privilege and instruct them to request information about the conversion policy within 31 days from the date group coverage ceases. Follow instructions in the Aetna Manual, Conversion of Benefits, Section 6.1., to complete the Aetna form entitled Notice of Conversion Privilege and Request for Information about Medical Conversion Benefits. Inform the employee that the insurance carrier responds to the request with a conversion application and a premium payment schedule.

**13. Process Coverage Changes.** To process a change in coverage, send the change application to the claims administrator and notify the payroll office. Follow instructions in the Aetna Manual, Employee Transactions, Section 3, to properly complete the change application.

13.1. Tell the employee to complete and sign only the change application to reduce coverage from employee-with-family member coverage to employee-only coverage.

13.2. Tell the employee to complete and sign only the change application to increase coverage from employee-only coverage to employee-with-family member coverage or to add an additional family member when the family member is added within 30 days of acquisition. Notify the employee that the effective date of coverage is the date the family member was acquired and the payroll change, if applicable, is the first day of the pay period during which the change in coverage occurred.

13.3. Tell the employee to complete both the change application and an evidence of insurability form to increase coverage from employee-only coverage to employee-with-family member coverage or to add an additional family member when the family member is not added within 30 days of acquisition. If the evidence of insurability is approved, notify the employee of the effective date of coverage and change in payroll deductions, if applicable, as stated in paragraph 3.5.2.

**14. Process Name Changes.** If an employee notifies you of a name change, indicate the change on the change application and send it to the claims administrator. Notify the payroll office of the change.

**15. Process Transfers.** Determine if an employee who transfers from one NAFI to another was enrolled for health coverage and meets the eligibility criteria to continue participation in the health plan. Enroll an eligible employee who desires to continue participation as follows:

- If an enrolled employee transfers without a break in service, enter your employer name and account number on the employee's change application and forward the form to the claims administrator. Notify the payroll office of the enrollment.
- If an enrolled employee transfers with a break in service of one or more workdays, follow the enrollment procedures in paragraph 3.5.

**16. Verify and Reconcile Reports.**

16.1. Monthly, review and verify the reports entitled Audit Certification List and Enrollee Transaction List sent to you by the claims administrator to see that enrollment, change, and cancellation transactions are correctly documented.

- Correct errors by sending the claims administrator either a copy of the enrollment application or a corrected change application for each applicable employee.
- Suspend a copy of the form for follow-up in 6 to 8 weeks.

16.2. Using the NAF Group Insurance Detail List, PCN SH085-130, or other similar list provided by the payroll office each pay period, verify that employees' payroll deductions correspond with their elected coverages. Notify the payroll office of errors.

**17. Act on Contribution Shortages.** Immediately inform an employee that pay is insufficient to cover his or her health contribution when the payroll office notifies you of the employee's contribution shortage

17.1. Instruct the employee to pay the shortage no later than the end of the pay period following the pay period in which the shortage occurred.

17.2. If the payroll office notifies you that the employee failed to pay the shortage, notify the employee, claims administrator, and payroll office that coverage is canceled.

- The effective date of the cancellation is the first day of the pay period immediately following the pay period in which the shortage occurred. The cancellation is conclusive, with the exception of extended disability coverage. See paragraph 12.2.1.

**18. Maintain Administrative Supplies.** Maintain a stock of administrative supplies, including Aetna forms and the Group Health Plan Summary Plan Description. Order the supplies from the sources listed in attachment 2.

**19. Provide Claim Forms.** Refer to the Aetna Manual, Claims, Section 4, for additional instructions pertaining to claim forms.

- Provide employees with claim forms and preaddressed envelopes and instruct them to send medical, dental, and prescription drug claims directly to the claims administrator's Claims Payment Office.

- Tell employees to call the toll-free number shown on their Aetna identification card to inquire about the status and payment of claim forms they have previously submitted.

### ***Section D—Payroll Office Responsibilities***

**20. Process Personnel Actions.** Use AF Form 2545, **NAFI Notification of Personnel Action**, provided by the Human Resources Office to initiate employee and employer deductions for health plan coverage and to enter name changes into the payroll system. The effective date shown on the form determines when payroll deductions start, stop, or change.

- For enrollments, make payroll deductions start with the pay period during which coverage becomes effective.
- For cancellations, do not make payroll deductions for the last pay period coverage was in effect.
- For a change from employee-only to employee-with-family member coverage, make payroll deductions for employee-with-family member coverage start with the pay period during which the change becomes effective. In such cases, payroll deductions may start with either the date a change application was signed or the effective date of coverage.
- For a change from employee-with-family member to employee-only coverage, do not make a deduction for employee-with-family member coverage for the last pay period such coverage was in effect.

**21. Verify and Reconcile Reports.** Reconcile the biweekly NAF Group Insurance Detail List, PCN SH085-130, or other similar list, with actions submitted on AF Forms 2545. Provide a copy of the listing to the Human Resources Office each pay period.

21.1. Correct errors through the payroll system if the correction (refund or deduction) is for two pay periods or less according to AFM 176-378, *Standard Accounting Procedures for Nonappropriated Funds (Mechanized)*.

21.2. Notify HQ AFSVA/SVXB, ATTN: Group Insurance, 10100 Reunion Place, Suite 502, San Antonio TX 78216-4138 if the correction is for more than two pay periods and provide the following information:

- An explanation of the problem and identification of the pay periods involved.
- Copy of AF Form 2545, **NAFI Notification of Personnel Action**, that reflects the effective date of the incorrect information (plan code or effective date) and a copy of the AF Form 2545 that reflects the effective date of the correction.
- Worksheet that indicates by pay period the amounts actually paid by the employee and employer, along with the amounts that should have been paid by the employee and employer.
- Name and home address of the employee involved.

**22. Act on Contribution Shortages.** Notify the Human Resources Office immediately when an employee's pay is insufficient to cover the employee's entire share of the contribution. In such cases, the employing NAFI is automatically assessed the amount of the shortage by the payroll system.

- If the employee pays the shortage no later than the end of the pay period following the one in which the shortage occurred, process the payment no later than the pay period following collection.

- If the employee fails to pay the shortage by the end of the pay period following the one in which the shortage occurred, instruct the Human Resources Office to notify the employee that coverage is canceled.

**23. Review Eligibility During Leave Without Pay (LWOP).**

23.1. When an employee is in a LWOP status, the employer pays the employer contribution as long as the employee pays the employee contribution.

23.2. Notify the Human Resources Office when an employee in LWOP status is no longer eligible to participate in the plan. An employee is not eligible if he or she:

- Reaches the 12-month maximum period for participation (for reasons other than illness or injury). Exception: A regular employee granted LWOP due to the transfer of a head of household is entitled to remain in the plan for a maximum of 150 days.
- Fails to make the required contribution payments.

***Section E—Health Maintenance Organizations***

**24. Health Maintenance Organizations (HMOs).** An installation may negotiate a contract with a federally qualified health maintenance organization as an alternative health care arrangement for its employees. Forward proposed contracts or agreements with HMOs to HQ AFSVA/SVXB for approval prior to execution.

24.1. If HQ AFSVA approves the contract, it is executed by the appropriate installation contracting office. Forward the contract to the installation staff judge advocate and Resource Management Flight Chief (RMFC) for review prior to its execution.

24.2. If an employee chooses to enroll in the HMO, the employer and employee contributions applied toward the total HMO premium are determined as follows:

- The employer contribution is either the same dollar amount the employer would have paid for the employee's coverage under the AFNAF Health Plan or 60 percent of the total HMO premium, whichever is less.
- The employee contribution is the difference between the total HMO premium and the employer contribution as determined above.

24.3. HMOs provide an annual HMO open season. During the HMO open season:

- An employee may elect to initially enroll in the HMO without submitting evidence of insurability (EOI).
- An employee enrolled in the HMO may elect to join the AFNAF Health Plan without submitting EOI.

- An employee enrolled in the AFNAF Health Plan may elect to join the HMO; however, if the employee is also enrolled in the Flexible Benefits Plan (FBP) the employee may not enroll in the HMO until after disenrolling from the FBP.

NORMAND G. LEZY, Brig Gen, USAF  
Director of Services

## **Attachment 1**

### **TERMS, ABBREVIATIONS, AND ACRONYMS**

**Aetna Manual** —Aetna Manual - Aetna's Administrative System Employee Benefits Administration Manual

**AFIF** —Air Force Insurance Fund

**AFNAF** —Air Force Nonappropriated Fund

**APF** —Appropriated Fund

**Claims Administrator** —Aetna Life Insurance Company

**EOI** —Evidence of Insurability

**FBP** —Flexible Benefits Plan

**HMO**—Health Maintenance Organization

**HQ AFSVA** —Headquarters Air Force Services Agency

**HRO** —Human Resources Office

**LWOP** —Leave Without Pay

**NAF** —Nonappropriated Fund

**NAFI** —Nonappropriated Fund Instrumentality

**OPF** —Official Personnel Folder

**SPD** —Summary Plan Description

## **Attachment 2**

### **INSURANCE PLAN CODES**

#### **A2.1. NAF group insurance plan codes are:**

- Code 1: Life, Accidental Death and Dismemberment (AD&D) and Health; Employee-Only coverage with Flexible Benefits Plan election.
- Code 2: Life, AD&D and Health; Employee-with-Family Member coverage with Flexible Benefits Plan election.
- Code E: Life and AD&D only; not eligible for Flexible Benefits Plan election.
- Code L: Life, AD&D and Health; Employee-Only coverage without Flexible Benefits Plan election.
- Code Q: Life, AD&D and Health; Employee-with-Family Member coverage without Flexible Benefits Plan election.
- Code H: Health Maintenance Organization (HMO) only; Employee-Only coverage; not eligible for Flexible Benefits Plan election.
- Code K: Health Maintenance Organization (HMO) only; Employee-with-Family Member coverage; not eligible for Flexible Benefits Plan election.
- Code M: Life, AD&D and Health Maintenance Organization (HMO); Employee-Only coverage; not eligible for Flexible Benefits Plan election.
- Code P: Life, AD&D and Health Maintenance Organization (HMO); Employee-with-Family Member coverage; not eligible for Flexible Benefits Plan election.

### Attachment 3

#### ORDERING AETNA FORMS AND OTHER SUPPLIES

**A3.1. GC-numbered Aetna forms.** GC-numbered Aetna forms are ordered by calling toll-free 1-800-847-9361 or commercial (210) 341-8700, or by writing to: Aetna Life & Casualty Co., Attn Group Claims Dept., P.O. Box 795080, San Antonio, TX 78279-5080. (Refer to the Aetna Employee Benefits Administration Manual, Claims Section, pages 4.0-4.1.)

A3.1.1. GC-numbered forms include:

Medical Benefits Request	GC-7
Dental Benefits Request	GC-8
How to Submit a Benefits Request.	GC-15
Prescription Drug Record	GC-9-1
How're Your Supplies?	GC-634
Proof of Death	GC-1124
Group Disability	GC-9007
Attending Physician's Statement	GC-485
Accidental Dismemberment	GC-9059
*Envelope for Submitting Claims	(N 344 A) V68

\*Envelopes are ordered on form GC 634, even though the order number does not begin with GC.

**A3.2. A.3.2.GR-numbered Aetna forms.** GR-numbered Aetna forms are ordered by writing to: Southern Region Supply, Aetna Life & Casualty Co., 151 Farmington Ave., Hartford, CT 06156-7250. (Refer to the Aetna Employee Benefits Administration Manual, General Administration Section, pages 2. 1-2.2.)

A3.2.1. GR-numbered forms include:

Policyholder/Customer Request Form	GR-66267-3
Group Identification Cards (temporary)	GR-1161-G
Employee Benefits Enrollment Application	GR-66004-1
Additional Family Members Enrollment Application	GR-66004-2
Evidence of Insurability Statement	GR-66656
Envelopes for Reporting Enrollments, Changes and Termination	GR-66642
Conversion Notice for Group Life Insurance	GR-65465
Conversion of Group Term Life Insurance	GR-66109
Notice of Conversion Privilege and Request for Information about Medical Conversion Benefits	GR-65221

**A3.3. Other forms and Summary Plan Descriptions (SPD).** To order other forms and SPDs not listed above, send a written request to: Aetna Health Plans, Attn: Marketing Support Coordinator, 9901 IH 10 West, Suite 450, San Antonio TX 78230-2203. (Refer to the Aetna Employee Benefits Administration Manual, General Administration Section, page 2.1.)

A3.3.1. Other forms and SPDs include:

Change Beneficiary Card	Form 7/31/91
Life Enrollment Card	Form 7/30/91
Employee's Waiver of Group Coverage or Request for Discontinuation of Contributions Card	Not Numbered
Group Health Plan SPD	Not Numbered
Group Life and Accidental Death & Dismemberment Insurance Plan SPD	Not Numbered

**A3.4. Special Instructions.**

A3.4.1. On **ALL** forms being submitted to Aetna, **ALWAYS** give Aetna your **COMMERCIAL** telephone number in case they have to contact you for assistance. **NEVER** supply a Defense Switched Network (DSN) telephone number as Aetna does not have access to this long distance calling system.

A3.4.2. **ALWAYS** give Aetna your complete and most current mailing address to include your zip code.

A3.4.3. **ALWAYS** give Aetna your complete and most current mailing address to include your zip code.

A3.4.4. A.3.4.3.As instructed in the Aetna Manual, Section 1, Introduction, **ALWAYS** have the correct control-suffix-account number on **ALL** correspondence or forms being submitted to Aetna (Example: 658337-10-201, Randolph AFB TX). By providing this information, service to you will be expedited.